A HANDBOOK FOR MILITARY CHAPLAINS IN COUNSELING PROBLEM DRINKERS

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INTRODUCTION

In a recent study by Conley and Sorensen the observation is made that alcoholism is the "third most serious public health problem in the United States, exceeded only by cancer and heart disease."[1] Surveys in industries have indicated that incidence of alcoholism and problem drinking is from "4 to 8 percent" of the total employees.[2]

The results of a survey by the United States Comptroller General has shown that alcohol abuse and drug abuse are also serious problems in the military services.[3] The latter study indicated that alcohol problems in the military services are at least equivalent to those of the civilian population.

> Although the incidence of alcoholism in the military population may be no greater than that of the civilian population, it could be a more serious problem because of the frequently dangerous and critical duties involved.[4]

The seriousness of the problem is further emphasized by the stated Department of the Army policy to give alcohol and drug abuse prevention and control the highest priority, second only to meeting operational requirements.[5] In order to implement this directive, the Department of the Army has established Alcohol and Drug Abuse Prevention and Control Teams on U.S. Army installations. Currently authorized military spaces in these control teams are for a physician, and chaplain, and two enlisted paraprofessionals. The chaplains assigned to the team must be approved by the Office of the Chief of Chaplains.[6]

> The role of the chaplain in rehabilitation of alcoholics and drug abusers deserves special emphasis. Affected individuals frequently are people searching for lasting values and patterns of meaning which they can accept. The chaplain can provide significant and practical help with that search, often succeeding where other attempts at rehabilitation fail.7

Every chaplain is charged with providing a dynamic and comprehensive program of chaplain activities to include: religious services, religious education, pastoral care, visitation, counseling, assisting in rehabilitation, ministry to sick, and ministry to military dependents.[8] Problem drinking is a concern inherent in several of the above areas of ministry; therefore, some chaplains may want to improve their skills in counseling problem drinkers.

STATEMENT OF PURPOSE

The purpose of this study has been to develop an introductory handbook of Transactional Analysis and Gestalt (TAG) psychotherapeutic techniques to assist military chaplains in short-term counseling with problem drinkers. In the author's experience some chaplains have indicated feelings of inadequacy in counseling problem drinkers, and were therefore, reluctant to involve themselves in a helping role. The unique position of the chaplain is one which can be effectively utilized in relating therapeutically to the problem drinker by group and individual counseling when he possesses knowledge and expertise in alcohol problems.

PROBABLE VALUE

It is hoped that this study will become a means whereby chaplains may gain knowledge and expertise in counseling problem drinkers. Few military personnel are trained specifically in this

area. The chaplain's general training has been in the area of religious, personal, and family matters to the near exclusion of counseling the problem drinker and his family. Furthermore, it is hoped that this study can be utilized effectively as a resource in training seminars. The writer assumes that chaplains may benefit the military community socially, economically, and healthwise through the use of this handbook by becoming a more effective agent for therapeutic change with problem drinkers.

DEFINITION OF TERMS

The PROBLEM DRINKER as used in this study is defined as an individual who consumes alcoholic beverages in such a way as to result in injury to his own or another's health, social, or economic functioning. This definition is an extraction and summarization of two standard definitions quoted by Harry Milt in Basic Handbook on Alcoholism:

> Alcoholics are those excessive drinkers whose dependence on alcohol has attained such a degree that it shows in a noticeable disturbance or an interference with their bodily and mental health, interpersonal relations, and their smooth social and economic functioning.
>
> . . . Alcoholism is a chronic disease manifested by repeated implicative drinking so as to cause injury to the drinker's health or to his social or economic functioning.

Howard J. Clinebell, Jr., defines an alcoholic as "anyone whose drinking interferes frequently or continuously with any of his important life adjustments and interpersonal relationships."[10]

This term problem drinker is the choice of the author because of the "softer" implications than those associated with the term alcoholic.

> In counseling and educational work, "problem drinker" often is a valuable substitute for the term "alcoholic." This is true in those cases in which "alcoholic" is a stumbling block for the person or persons involved because of their preconceived stereotype concerning the term.[11]

The ability of military forces to immediately respond to national emergencies may be endangered by personnel who are under the influence of alcohol. Therefore, national and/or military security is included as a factor in this definition of problem drinker.

The MILITARY CHAPLAIN will include all ministers, priests, rabbis, or clergymen who are on active or reserve duty in the United States Army, Navy, Air Force, or Coast Guard.

SHORT-TERM COUNSELING is defined as that which usually will not exceed four months duration. Long-term counseling is difficult to continue due to the rapid turnover of military personnel and the changing operational requirements.

TAG is an abbreviation coined by the author primarily for the convenience of brevity. TAG denotes the use of Transactional Analysis and Gestalt therapy in combination, or integrated, by a particular counselor.

DELIMITATIONS OF THE STUDY

This study does not attempt to differentiate between problem drinking and alcoholism. Problem drinking is assumed to include alcoholism. No conscious attempt was made to moralize regarding the use of or non-use of beverage alcohol in normal social settings. The subject matter has been primarily confined to drinking in the military, to the military chaplain, and to the chaplain's role as a counselor in

intervention, one to one counseling, and group therapy for alcohol abusers.

METHODOLOGY

The author surveyed existing literature pertaining to military drinking practices and problems and Transactional Analysis and Gestalt therapy. Interviews were held with active duty and retired military personnel and with professionals in the counseling and alcoholic treatment field in order to gather other resource materials. These individuals included Lieutenant Commander Charles J. Murrell, USN Retired; Major John Jackson, USAF Retired; Lieutenant Colonel Dewey Balcomb, USA Retired; Archie Hood, M.D., psychiatrist and Director of Program 12 (Alcoholism Treatment Division), Napa State Hospital, Imola, California; Ernest Belden, Ph.D., psychologist, Assistant Director, Program 12. Other staff members at Napa State Hospital who contributed information which has been influential in the development of the thesis were psychiatric social workers Traverse Elliott, Robert Hendra, Virginia Mayo, and Samuel Metzgar. J. Lyn Elder, Ph.D., Professor of Pastoral Counseling, Golden Gate Baptist Theological Seminary, Mill Valley, California, and Richard B. Cheatham, Ph.D., Director of Studies, Berkeley Center for Alcohol Studies, Pacific School of Religion, Berkeley, California, were also consulted regarding the counseling of problem drinkers. Dr. Cheatham's guidance has been invaluable in the formulation of this study.

Personal counseling experiences have been incorporated with the aforementioned research for utilization by chaplains.

The military environment and its unique drinking problems was

considered in its relationship to the chaplain as an effective therapeutic agent.

It is the opinion of the writer that any individual theory of psychotherapy alone is not sufficient to provide successful short-term counseling. The two theories of Transactional Analysis and Gestalt (TAG) therapy will be integrated in order to present a short-term formula.

The rationale for the use of TAG therapy is derived primarily from the academic and clinical experience of the author. To this date, no known research has been done which proves or disproves the effectiveness of TAG over other methods of counseling with problem drinkers.

The techniques described are adaptable to situations involving other forms of drug abuse, but such adaptation will be left up to the judgment of the reader.

FOOTNOTES

1. Conley, Paul C., and Andrew A. Sorenson. The Staggering Steeple. Philadelphia, United Church Press, 1971. (p. 6).

2. Comptroller General of the United States. Alcoholism Among Military Personnel. Report to the Subcommittee on Labor and Public Welfare, United States Senate. United States General Accounting Office, 1971. (p. 5).

3. Ibid., (p. 1).

4. Ibid.

5. Ibid., (p. 7).

6. Headquarters, Department of the Army. Alcohol and Drug Abuse Prevention and Control Program, Circular No. 600-85. Washington, D. C., June 30, 1972. (p. C-2).

7. Ibid., (p. C-5).

8. Headquarters, Department of the Army. Army Regulation No. 165-20. Washington, D. C., May 18, 1966.
   Material in this publication was paraphrased for sake of brevity.

9. Milt, Harry. Basic Handbook on Alcoholism. Maplewood, N. J., Scientific Aids Publications, 1969. (p. 7).

10. Clinebell, Howard J., Jr. Understanding and Counseling the Alcoholic. Nashville, Abingdon Press, 1956. (p. 27).

11. Ibid. (p. 19).

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LIST OF ILLUSTRATIONS

PREFACE

During the academic year 1971-1972, the writer, then a student at the Berkeley Center for Alcohol Studies, Pacific School of Religion, Berkeley, California, became acquainted with the concepts of Transactional Analysis and Gestalt Therapy. As a result of this experience, a decision was made to develop an Introductory Handbook which may aid military chaplains in their counseling of problem drinkers.

Expertise in counseling is best gained by clinical practice under professional supervision. This work is not meant to be comprehensive, advanced, nor is it intended to be a course in counseling. Rather, it is hoped that chaplains may be motivated by the handbook to study these concepts in depth, and also attend seminars and workshops related to the subject, for it is through study, personal application, and by taking advantage of educational opportunities that they can become more effective counselors with alcohol abusers.

The military chaplain, trained, ordained, and endorsed by his particular religious denomination, performs a unique function designed to "bring God to men and men to God." Although his ministry is to all the men in his particular area of assignment, because of his background in religious and philosophical values, he can make a special contribution toward restoring the problem drinker to health and sobriety. Few military personnel are trained specifically to

help persons who have drinking problems. Chaplains are generally trained in the areas of religious, personal, and family matters to the near exclusion of counseling the problem drinker and his family.

In applying the theories of Transactional Analysis and Gestalt therapy to group and individual counseling of problem drinkers, the writer became convinced that the two theories are compatible and work quite well together. Counselees grasp the concepts and rules quickly and achieve both emotional awareness and cognitive insight rapidly through the use of TAG (TAG denotes the combined use of Transactional Analysis and Gestalt therapy techniques). An excellent work, Born to Win, by James and Jongeward has been invaluable in providing guidelines in the development of this handbook.

It is the opinion of the author, who is a U.S. Army Chaplain on active duty, that many chaplains are not aware of the extent of drinking problems and unhealthy drinking practices present in the military and in the civilian community. This may be due to the fact that chaplains fall into two categories in regard to the use of alcoholic beverages. (1) The non-drinker who may be unaware of the extent of drinking because his personal habits tend to separate him from the places where heavy drinking occurs, and (2) the chaplain who drinks socially and therefore is reluctant to confront the individual who imbibes too much, or just overlooks problem drinking as unimportant as long as the individual doesn't cause direct harm to anyone.

The military drinking practices and the drinking problems will be discussed in Chapter I along with the rehabilitative resources that are available to the military problem drinker. Chapters II and

III will present overviews of Transactional Analysis and Gestalt theories, respectively. Chapter IV will explain some of the ways TAG can be used in early intervention, one to one counseling, group, and family counseling related to problem drinking.

CHAPTER I

THE PROBLEM AND ITS SETTING

DRINKING PRACTICES IN THE MILITARY ESTABLISHMENT

This chapter will attempt to describe some of the present drinking practices in the military services and the related problems of alcohol abuse. Clearly differentiating between the drinking practice and the drinking problem is sometimes difficult. In some cases the drinking practice itself may appear to be the problem. The resources available for helping military problem drinkers will be listed along with the unique contribution the chaplain can make as a counselor.

Consumption of alcoholic beverages in American society is generally expected, accepted, and encouraged. Drinking is advertised as if it were an indispensable part of modern social living. Howard J. Clinebell, Jr., has indicated that because of the "Madison Avenue" pressure, young people do not really have freedom of choice about whether or not to drink and that many who cannot handle it are influenced through social conformity to use alcohol.[1]

The social structure of the military establishment of the United States is also centered around activities where the extensive use of alcohol generally is expected.[2] Although drinking during duty hours is prohibited, service clubs which dispense top-quality liquor at bargain prices encourage the heavy drinking that is almost endemic

on military bases.[3] In the report by the United States General Accounting Office on alcoholism in the military, social functions, cited as factors in encouraging drinking, were:

> hail-and-farewell, promotion, cocktail, and wetting-down parties; "happy hours" at various clubs; and beer busts for the troops. We have been told by an Alcoholics Anonymous member that the continual round of mandatory cocktail parties makes it difficult for military alcoholics to avoid a drinking environment.[4]

Command influence can be a factor in encouraging the use or non-use of alcohol. An Army Chaplain's wife related this story about several officer's wives who had changed from alcoholic to soft drinks at unit social functions. They said that previously they drank because it was expected. The new commander and his wife were, for health reasons, abstainers. They provided alcoholic beverages for guests who preferred it when they entertained, however. The wives stated that although they disliked the taste of alcohol, the previous "command example" was social pressure enough to make them feel that they should drink. When the "command example" changed, their drinking habits changed and they expressed to the chaplain's wife their relief at the change in what they felt they were expected to do.

A retired United States Air Force Major gave this account of drinking practices as he saw and experienced them.

> While I was in Aviation Cadet training there was no noticeable drinking, in fact, no liquor was permitted on base. During World War II I served with a B29 weather crew based on Tinian Island, one of the Marianas. We were allotted two beers each week. One was cold, the other warm. I drank the cold one and saved up the warm ones, planning to cool them and have one big blast when I left. There was no preoccupation with drinking among our crew at that time. We were building an Officer's Club when I left so I don't know what may have happened after that.

After the war, at Biggs AFB I began to notice a different attitude toward my near abstinence. It was expected that you went along with the crowd. In peacetime, drinking seemed to be the big thing in the Strategic Air Command. If you didn't drink you were sometimes avoided, but that was no problem to me, I didn't care that much about always being around everybody anyway. I went straight home from work while the others "soused it up" at the club. No one ever said directly, "Why don't you go to the club?" It was an illusory attitude that you'd better be there if you wanted to make a career in the Air Force! It seemed like a Damocles sword held over the heads of all youngsters. It was a silent attitude, felt, rather than a requirement.

When the regulations were changed so that it became possible, I, along with about four others resigned my club membership while stationed at Ellsworth AFB, South Dakota. Our names were posted in the club and remarks about our "disloyalty" were overheard.

I was not a teetotaler, but at parties I would nurse only one drink all evening. Once in a while I would have a beer at home. I can't touch alcohol now because I have hypoglycemia. I was practically weaned on hot toddy. My grandmother (with whom I grew up) sold whiskey during Prohibition in Tonopah, Nevada. I have nothing against people having a drink socially, but I really feel that too many in the service drink to excess.

Interviews were also held with a retired Army Lieutenant Colonel whose views were not so negative. When asked for his opinions regarding drinking practices in the Army, he replied:

> The use of alcohol was of no interest to Command unless it became a problem. On the first occasion of drinking too much the man would be counseled by the CO (commanding officer). If it happened again the man would again be counseled by the CO. On the third occasion the man would be referred to the psychiatrist and it became a medical problem. The man either straightened out or was discharged. I never experienced alcohol to be a detriment to an officer in doing his duty. As far as I know, I never had an officer under me who drank on duty. I did know of an officer in another unit who was relieved because of his drinking. I did court-martial one NCO (non-commissioned officer) for failure to repair. He didn't show up because of being drunk. Drinking was generally accepted but didn't cause problems to any great extent.[6]

A young Army Sergeant E-5, only one week after his return from

the Republic of Vietnam stated that

> heavy drinking was common among the older NCOs in the larger base camps. They would spend the whole evening with their big bellies up against the bar. Where there were no clubs they would drink in their rooms. Booze is really cheap over there. I only knew one man in the states that I thought was really an alcoholic. He was a Drill Sergeant who drank every night. He would show up every morning, get us started, then sleep two or three hours.

The young man's wife commented:

> There are a lot of enlisted men's wives who are alcoholics. You'd be surprised at the number of women who do nothing but sit at home and drink.[7]

From these conversations the assumption can be made that heavy drinking is a common practice in the military and it is usually ignored unless it interferes with one's discharge of his duties.

While the writer was assigned in the Republic of Vietnam, a young officer joined him as he walked across the compound and the following conversation ensued:

LT: My wife has really been chewing me out in her letters lately.

CH: Is that right? What seems to be the problem?

LT: Well, she says I'm not sending her enough money.

CH: Do you think you are?

LT: I could probably do better. I spend quite a lot here.

CH: What are you spending it on?

LT: I have a few drinks in the club every evening.

CH: How many do you usually have?

LT: Oh, I would say between eight and fourteen. I only drink rum and coke. I really like it. It just costs me thirty-five cents a drink.

CH: Hmmmm. That's from three to five dollars a night. If you multiply that by thirty, that's at least one hundred dollars a month.

LT: Yeah. I guess I'd better cut down so my wife can buy more stuff she needs at home.

This incident portrays what sometimes happens during overseas assignments. The loneliness, boredom, and frustration of overseas tours have been cited as factors in promoting drinking problems.[8] When other outlets are not utilized in order to meet one's needs, then alcohol can be a means of escape or substitution. The elevating effect of alcohol provides escape from boredom, loneliness, and inner as well as environmental conflicts. Nicholas Khoury, M.D., of the University of California at Los Angeles Medical School has written:

> All individuals who drink alcohol containing beverages do so for one reason: it relaxes them, its a tranquilizer, it eases tension. But the alcoholic, regardless of type, differs from the non-alcoholic in that when he takes a drink he doesn't know when he is going to get into trouble from it.[9]

When the environmental factors provide frustrating tension producing feelings, "An economical price, coupled with ready availability, tends to increase consumption," according to some servicemen interviewed in the BAO study.[10] However, some stated an opinion that this was not significant in encouraging excessive drinking and that drinking by alcoholics and problem drinkers would not be affected materially by accessibility and price advantages.[11] Economical advantage is a form of encouragement according to another writer previously quoted:

> . . . service clubs, which dispense top-quality liquor at bargain prices, encourage the heavy drinking that is almost endemic on military bases.[12]

It is difficult to pinpoint any one facet of military drinking practices as the culprit in promoting excessive drinking, but attitudes appear to be weighted toward the encouragement of the use of alcohol in the military socio-cultural environment. The next section will

consider some of the problems incurred because of problem drinking.

DRINKING PROBLEMS IN THE MILITARY ESTABLISHMENT

Attitude of command is sometimes a problem. As was mentioned in the previous section, ambivalence regarding the propriety of the use or non-use of alcohol is an important consideration. This ambivalence sometimes results in command reacting harshly in disciplining alcohol abusers, but more often the tendency is to overlook or ignore the problem because of emotional involvement inherent in the commander who may drink moderately himself. A retired Army Sergeant First Class, a recovered alcoholic, said of his experiences:

> I found that being in the Army granted me certain liberties not allowed in civilian life, especially in regard to drinking. I also found that commanders were quick to excuse my many "minor" infractions, expecially when it came to being intoxicated.
>
> In thinking back, I feel these "understanding" commanders helped me to establish my drinking pattern. When I got into difficulty involving drinking, The CO was light on me and told me to "learn how to drink." In fact, I don't think anyone mentioned not drinking or that I might be drinking too much, until I had been in the Army eleven years and was already a compulsive drinker.[13]

The command action described in these remarks contrast with the official stated policy of DOD (Department of Defense) and the military services to encourage abstinence, enforce moderation, and punish over-indulgence.[14] Lack of recognition of and personal involvement in the early stages of problem drinking among their personnel is a problem which accompanies the ambivalent attitudes of some commanders.

Another problem inherent in the military is that of security and safety. Some occupations are of a critical nature. If the serviceman cannot function properly, his job may be so strategic as to affect his own, his unit's, and his nations safety. This is

especially important in the light of subtle personality changes the problem drinker goes through as he becomes dependent upon alcohol. A problem drinker learns to hide, to cover up his actions and becomes quite adept at it. In a small unit of less than two hundred, a senior NCO was observed to act as if slightly drunk at all times (loud greetings, backslapping, weaving to and fro as he talked). Over a period of time this was noted by the author to be a "cover" attempted by the man so that his behavior when drunk was not so different from that when he was sober. Although a very heavy drinker and usually drunk on weekends he was punctual and performed his duties passably. Dunn has observed more drastic personality changes among alcoholics.

> . . . in the course of becoming addicted to alcohol the individual becomes a very accomplished liar. He is able to look you straight in the eye and speak with the tones of one taking a solemn oath without uttering a single word of truth. . . . Even in the prealcoholic phase the individual becomes an accomplished liar. Deceit and lying become a way of life to him as he seeks to keep his family and his employer from knowing he is drinking more and more.[15]

In addition to the characteristic deceit mentioned above, the author became aware of another aspect of character disintegration as a result of the following conversation with two recovering alcoholics. One was a retired U.S. Navy Chief Petty Officer who claimed to have been drinking four fifths of vodka each day (not impossible, he weighed nearly three hundred pounds). When asked how he obtained the money for that much liquor when he wasn't working, the other quickly answered, "You steal! You steal a TV set or something and hock it. When you want a drink badly enough, you'll do anything." The ex-sailor nodded his affirmation and went on to say that he had become addicted to the

extent of going out to his car every hour between the electronics classes he was teaching to young sailors. He also said that he always made sure of his supply during the night, expressing a fear of not having a drink available, a characteristic that is also described by Dunn:

> You see, the alcoholic finally reaches the place where his dependence upon alcohol is so complete that he is terrified at the thought of needing a drink and not being able to get it.[16]

Accompanying the gradual disruption of personality is an increase in disturbance of home life. Sometimes completely unknown to command the problem drinker causes much suffering to his wife and children, physically, economically, and emotionally. He may beat his wife or children, gamble or otherwise spend money needed for food, clothing or furniture. An aware chaplain can sense the need for giving more help than was offered in the following situation:

> My wife pleaded with my commanders for help, but they all agreed it was a family matter and agreed with me that she was not following "protocol" in coming to them. She went to the chaplains who agreed with me about a man's "holy" right to have a few beers in the club after a hard day's work. Of course, neither the CO nor the chaplain looked far enough into the problem to see what happened after the "few beers" or the kind of family situation caused when the husband always has a "few" rather than going home. As long as a man performs his job well, or even passably, most commanders prefer to leave the family alone and ask the wife to leave the Army alone.[17]

Fortunately, the overall picture is changing. Since punitive measures have officially been exchanged for rehabilitative programs, the identification of and intervention in the lives of problem drinkers is no longer the hidden, threatening situation it formerly has been. Because of current changes in policy, the following quote has been changed to past tense:

> . . . because the military services often dealt punitively with alcoholism, there was a tendency to cover up the problem throughout the chain of command and there was little incentive for an individual to come forward openly and seek help. The problem was hidden and covered up as long as possible by the man himself, his family, or a sympathetic commanding officer so as not to jeopardize the servicemen's career. Doctors have told us that some of their colleagues have been reluctant to diagnose patients as alcoholics and often cited related illnesses.[18]

In view of present policies, there is a changing attitude in the military from a command viewpoint. Some of these attitudes are reflected in the resources for help that have been made available in the military environment.

RESOURCES FOR HELPING PROBLEM DRINKERS

GENERAL RESOURCES

As a result of the widely publicized abuse of heroin by soldiers in the Republic of Vietnam during 1970 and 1971, the Department of Defense formulated a worldwide comprehensive drug abuse prevention and control program. Recognizing alcohol abuse as a problem and a drug, DOD included it in the program. The primary objectives are to:

"a. Prevent alcohol and drug abuse.
"b. Identify alcohol abusers and drug users.
"c. Detoxify and provide necessary treatment to identify drug users and alcoholics.
"d. Rehabilitate alcohol and drug dependent personnel."[19]

Acknowledging that the above named personnel are worthy of help and rehabilitation is a first step in a realistic evaluation of the situation.

The Alcohol and Drug Abuse Prevention Program in the U.S. Army is described in Department of the Army Circular 600-85.[20] In Summary, it is a command program which requires comprehensive community effort

coordinated by staff with such experts as physicians, lawyers, and chaplains. Not necessarily working as a unified group, but coordinated in their efforts, are members of the Alcohol and Drug Prevention and Control Teams. The function of these teams is prevention, treatment, and rehabilitation. Members staff "hotlines," rap centers, and halfway houses. In addition, they coordinate with local civilian efforts and design and participate in programs for dependent wives and children, as resources permit. The program provides for a detoxification unit usually located in the installation hospital. Ongoing counseling is provided through the mental hygiene facilities, rap centers, civilian counselors, volunteer workers, and the chaplain.

Available also is one of the most successful agencies in helping problem drinkers, Alcoholics Anonymous. Many installations now have active AA groups. The only requirement for membership is a desire to stop drinking.

Other military organizations that help support rehabilitation are:

1. Special Services, which provides recreational activities and entertainment programs.
2. Project Transition and General Educational Development provide counseling, academic, and job placement services as part of the rehabilitation process.
3. PREP is a relatively new extension of the Army Education Program. In order to help servicemen climb the promotion ladder, and also prepare for retirement, the United States Veterans Administration has funded this particular program.

Community agencies which provide assistance are:

1. The American Red Cross. Counseling, referral, personal and recreational services are provided for servicemen and, the ARC links the civilian and military community together throughout the world.
2. The United Services Organization provides recreational, entertainment, and referral services for military personnel.
3. The Veterans of Foreign Wars and the American Legion help returning veterans find employment.
4. Kiwanis International runs Operation Drug Alert, an educational program about drug abuse. They are assisting drug-involved soldiers to adjust to civilian life after discharge with job placement and contact with treatment centers.
5. The National Council on Alcoholism has branch offices in most large cities and offers educational and referral services.
6. Al-Anon is an arm of Alcoholics Anonymous which has been helpful to the spouses of problem drinkers. Their goal is to help the spouse effectively cope with the problems of living with a problem drinker.
7. Ala-Teen, another adjunct of AA, gives teenage children information, understanding, and support in learning to live healthily in an environment upset with problem drinking.

Although the Military Alcohol and Drug Abuse Program is comprehensive in scope, in addition, the chaplain may want to compile a checklist of available resources in the civilian community. He would then be prepared in case of a particular or unusual situation.

There are many private, community, county, state, and national

agencies available to help the problem drinker, especially in the larger cities.

THE CHAPLAIN AS A RESOURCE

The military chaplain, trained, ordained, and endorsed by his particular religious denomination, performs a unique function designed "to bring God to men and men to God." Although his ministry is to all the men in his particular area of assignment, because of his background in religious and philosophical values, he can make a special contribution to the problem drinker.

> Affected individuals frequently are people searching for lasting values and patterns of meaning which they can accept. The chaplain can provide significant and practical help with that search, often succeeding where other attempts at rehabilitation fail.[21]

The satisfying alternatives of religious experience have been the salvation of many alcohol and drug dependent persons. Two works describing the therapeutic value of these dynamic ministries are, The Gutter and the Ghetto, by Don Wilkerson,[22] and God Is For The Alcoholic, by Jerry Dunn.[23]

The chaplain's right of privileged communication is functional in helping create trust between himself and the problem drinker. In his regular duties he has the oppurtunity to be a helping influence through education, counsel, and training. He also is a key person in making referrals to other appropriate helping agencies.

As a staff officer he usually has a good overview of the functioning of the unit and the opportunity to "nip in the bud" problems of alcohol abuse by early intervention. More consideration will be given to early intervention in a later chapter.

Through study, personal application, and by taking advantage

of educational and workshop opportunities in the field of alcohol problems, the chaplain can learn to be a more effective counselor with alcohol abusers.

SUMMARY

Alcohol abuse is recognized as a problem in the United States military services equivalent to that of civilian American society. Social functions, as well as the loneliness, boredom, and stresses of overseas assignments, tend to encourage the use of alcoholic beverages in the military environment. Military security may be jeopardized when excessive drinking is prevalent. Alcohol abuse causes a breakdown in personal character and disrupts home and family life emotionally and economically. The Department of Defense has acknowledged that problem drinkers are worthy of help and has implemented an Alcohol and Drug Abuse Prevention Program throughout the military services. Supporting this program are other military and community agencies such as Alcoholics Anonymous, American Red Cross and many others.

The chaplain can make a unique contribution to problem drinkers because of his background in religious and philosophical values, his right of privileged communication, and his position as staff officer. By taking advantage of educational and workshop opportunities, and by personal study the chaplain can become a more effective counselor with alcohol abusers.

FOOTNOTES

1. Clinebell, Howard J., Jr. Understanding and Counseling the Alcoholic. Nashville, Abingdon Press, 1965. (p. 304).

2. Comptroller General of the United States. Alcoholism Among Military Personnel. Report to the Subcommittee on Labor and Public Welfare, United States Senate. United States General Accounting Office, 1971. (p. 7).

3. "Medicine." Time Magazine. September 4, 1972. (p. 59).

4. Comptroller. (p. 7).

5. Major John Jackson, United States Air Force, Retired. Private interview, San Pablo, California, September, 1972.

6. Lieutenant Colonel Dewey W. Balcombe, United States Army, Retired. Private interview, San Pablo, California, October 1972.

7. Sergeant Harvey M. and Mrs. Balcombe, United States Army. Private interview, San Pablo, California, October, 1972.

8. Comptroller. (p. 7).

9. Khoury, Nicholas J., M.D. "Alcoholism and the Alcoholic." Alumni Review. University of California at Los Angeles, February, 1964, reprint.

10. Comptroller. (p. 9).

11. Ibid., (p. 8).

12. "Medicine." (p. 59).

13. Headquarters, United States Continental Army Command. Con Pam 350-7-2, Project Assist. Fort Monroe, Virginia, April, 1972. (p. 1).

14. Comptroller. (p. 9).

15. Dunn, Jerry G. God is for the Alcoholic. Chicago, Moody Press, 1965. (p. 24).

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17. Headquarters. Project Assist. (p. 3).

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CHAPTER II

AN OVERVIEW OF TRANSACTIONAL ANALYSIS

TRANSACTIONAL ANALYSIS THEORY

Structural Analysis is at the heart of TA and is its personality theory. The personality operates from three ego states. A phenomenon noticed by Eric Berne, especially in his group counseling, was that during "spontaneous social activity . . . from time to time people show noticeable changes in posture, viewpoint, voice, vocabulary, and other aspects of behavior . . . often accompanied by shifts in feeling."[1] An appealing aspect of TA is its vocabulary which "has made it possible for two people to talk about behavior and know what is meant."[2]

Utilizing his new simple vocabulary Berne began to describe how " . . . a certain set of behavior patterns corresponds to one state of mind, while another set is related to a different psychic attitude, often inconsistent with the first."[3] From these behavior patterns came his development of ego states which he named Parent, Adult, and Child. These are not the same as Freud's Id, Ego, and Super-Ego, which are concepts, but are distinct realities from which people act and respond.

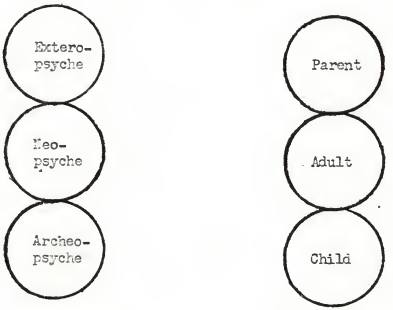
> The theoretical basis for structural analysis comprises three pragmatic absolutes and three general hypotheses. By a "pragmatic absolute" is meant a condition to which so far no exceptions have been found.
>
> 1. That every grown-up individual was once a child.

2. That every human being with sufficient functioning brain tissue is potentially capable of adequate reality testing.
3. That every individual who survives into adult life has had either functioning parents or someone in loco parentis.

The corresponding hypotheses are:

1. That relics of childhood survive into later life as complete ego states. (Archeopsychic relics.)
2. That reality-testing is a function of discrete ego states, and not an isolated "capacity." (Neopsychic functioning.)
3. That the executive may be taken over by the complete ego state of an outside individual as perceived. (Exteropsychic functioning.)[4]

In summary, the structure of personality is regarded as comprising three organs: the exteropsyche, the neopsyche, and the archeopsyche, as shown in Figure 1A. These manifest themselves phenomenologically and operationally as three types of ego states called Parent, Adult, and Child respectively, as shown in Figure 1B.



(A) Organs (B) Ego States

FIGURE I.[5]

Dr. Berne indicates that shifts in ego states results from psychic energy, or cathexis at a given moment giving executive power to that ego state.[6] Each ego state has a responsible place in the life of an individual and it is only when one ego state causes an imbalance

that help is needed to reorganize the structure. The following incident is illustrative of such an imbalance.

> A young boy, after hitting an old man while trying to rob him, said to his probation officer, "I knew exactly what I was doing; I shouldn't have done it; but I felt like doing it anyhow.[7]

The three ego states can be clearly seen here with the Child holding the executive power.

The Parent ego state contains the example and pronouncements (verbal or nonverbal) of real parents or parent substitutes. In the individual's memory are permanent recordings of imposed external events perceived by a person in early years. These are the controlling or nurturing aspects of life as taught. "Inwardly, it is experienced as old Parental messages which continue to influence the inner Child.[8] Two main functions of the Parent are:

> "(1) to act effectively as the parents of actual children.
> "(2) to make many responses automatic, which conserves a great deal of time and energy."[9]

The Adult ego state acts as the survival system for the human organism. It observes factual data and computes the results needed for effectively living in the world. Another task of the Adult is to regulate the activities of the Parent and the Child, and to mediate objectively between them. It is organized, adaptable, intelligent, and functions by testing reality, estimating probabilities, and computing dispassionately.[10] It is not related to a person's age.

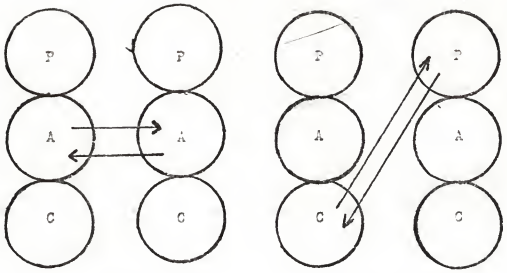
The Child ego state consists of the early internal responses of the small person to what he saw and heard, and the "positions" he took about himself and others. In the Child rests life as felt. Everyone carries a little boy or girl around inside of him.[11] In

this little boy or girl also reside intuition, creativity, spontaneous drive and enjoyment.[12]

Distinction should be made between Child ego state and the word "childish." "Childish" connotes undesirability, something to be stopped, or gotten rid of. The term "childlike" is used since it is more biological and not prejudicial.[13] In the previously cited example, the boy who hit the old man shifted internally from one ego state to another very quickly, or perhaps simultaneously, but his Child had contaminated the Adult and Parent, therefore, the Child maintained control. If the Child in the individual is confused and unhealthy, then the consequences may be unfortunate, but something can and should be done about it.[14]

TRANSACTIONS

When people encounter each other socially, and one acknowledges the other verbally or otherwise, a transactional stimulus occurs. A transactional response then occurs if another person says or does something related to the stimulus. The unit of social intercourse is called a transaction.[15] Simple transactional analysis is concerned with diagnosing which ego state implemented the transactional stimulus, and which one executed the transactional response.[16] The most simple transactions are those between Adult and Adult, (Figure 2a, Type I). Next are Child-Parent transactions, (Figure 2b, Type II). The transactions are complementary: that is, the response is appropriate and expected and follows the natural order of healthy human relationships. The vectors are parallel and as long as they remain parallel or complementary communication can continue indefinitely.



(a) Type I (b) Type II

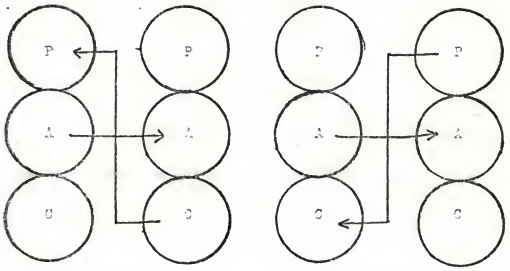
Complementary Transactions[17]

FIGURE 2

A crossed transaction occurs when an Adult-Adult stimulus such as, "What time is it?" is answered with a Child response such as, "You're always asking me something I don't know!" (See Type I, Figure 3, below). A crossed transaction from the Parent ego state could be, "Why are you always forgetting your watch?" (See (b) Type II, Figure 3, below). Crossed transactions result in broken communications and cause most of the social difficulties in the world. The most common is (a) Type I, colloquially spoken of as "hooking the Child". When this happens, dealing with the original Adult question must be postponed until the vectors are realigned. This may take only a few seconds, or, in the case of more serious crossed transactions such as those leading to divorce, they may never be realigned.

Ulterior transactions involve activity of more than two ego states at the same time. Salesmen are particularly adept at angular

transactions, those involving three ego states.[18] Ulterior transactions are utilized in games and will be described in a later section.



(a) Type I (b) Type II

Crossed Transactions[19]

FIGURE 3

Procedures, Rituals and Pastimes are different ways in which people structure intervals of time. Procedures and rituals are simple forms of social activity that have been learned. A procedure is a series of simple complementary Adult transactions directed toward the manipulation of reality.[20] Efficient procedures occur when the best possible use of data and experience are utilized by the Adult without Parent or Child contamination.

Rituals differ in that they are stereotyped series of simple complementary transactions programmed by external social forces. They can be formal such as a Roman Catholic Mass or informal, such as greeting customs.

1A: "Hi" (Hello, good morning.)

1B: "Hi" (Hello, good morning.)

2A: "Warm enough forya?" (How are you?)
2B: "Sure is. Looks like rain, though. (Fine. How are you?)
3A: "Well, take care yourself." (Okay.)
3B: "I'll be seeing you."
4A: "So long."
4B: "So long." 21

An informal ritual such as the above is not intended to convey information, but is an acknowledgement by each of the other. "Stroking" has taken place and each can depart feeling gratified because of the exchange.

A usually shy and quiet college freshman was once taken aback by the remark of his date, "Why, you're a lot of fun after all!" He: "What do you mean by that?" She: "I almost didn't come with you today. Most everybody thinks you are stuck up. You're so quiet, if you would speak to people more, it would make a lot of difference." The young man took the girl's advice and began to force himself to say "Hello," "Hi," or "How are you?" to those he met on campus. By giving a stroke of recognition first, he began receiving many strokes in return. By the end of the year the "stuck up" student was elected vice-president of his class and was also ranked fourth in a campus popularity poll.*

He had been programmed by Parental injunctions such as: "Children should be seen and not heard," and, "Don't speak until you are spoken to." With his date's help, he realized that the image he was projecting was not satisfying to himself or to others. He broke out of his adapted Child, used his Adult and established a new pattern of behavior.

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*Personal experience of the author.

It is sometimes difficult to distinguish between procedures and rituals. A similarity is that they are both stereotyped. The first transaction is such that the rest follow a predetermined course except in cases where something unforeseen arises. A difference is that procedures are Adult operated and rituals function in the Parent.

A pastime is a series of simple complementary transactions arranged around a single field of material, whose primary object is to structure an interval of time. Pastimes are simply the way people superficially exchange opinions to fill an interval of time without getting involved at a deeper level. Subjects can include the weather, politics, cars, etc. Pastimes also provide opportunity for people to figure each other out and decide whether or not to further involve themselves more deeply with the other person.

GAMES

Games differ from the simple innocent pastiming ways of structuring time and giving and receiving strokes. They are played with psychologically ulterior motives leading to destructive type payoffs. Berne defines games as being clearly differentiated from procedures, rituals, and pastimes by two chief characteristics: (1) their ulterior quality and (2), the payoff.[22] The game of primary interest in this study is that of "Alcoholic" and the many related forms it takes. (The popular bestseller, Games People Play, by Eric Berne gives a comprehensive list and description of typical games, pp. 73-81).

According to Claude Steiner, ". . . persons playing the role of Alcoholic in an Alcoholic game can be divided into three significantly different types."[23] The three roles are "Drink and Proud" (D&P),

> Transactional analysts tend to feel that since alcoholism is a game, a person can choose not to play. Because they believe the alcoholic can affect his own life situation they tend to avoid expressions of pity, empathy, or even compassion, and insist that the alcoholic take responsibility for his behavior. Transactional analysts will especially avoid that indulgent smile of warm understanding often given the alcoholic just off a binge, as he humorously relates his latest escapade. Colloquially termed the gallows transaction, that smile is an unwitting but very powerful reinforcement of the alcoholic's self-destruction, equivalent to helpfully adjusting the noose around a condemned man's neck. An unwillingness to smile at the alcoholic's tragedy has been seen as unfriendly. However, this refusal indicates once again that the therapist has not resigned himself to considering the alcoholic hopeless. This leaves him free to smile at whatever is joyful rather than tragic in the alcoholic's life.[24]

PSYCHOLOGICAL SCRIPTS

A script is the plan or blueprint for a life course. In the case of a hamartic or self-destructive script a person has a basic flaw or error. Alcoholism is only one of the situations that may satisfy hamartic script requirements. There is the inner rehearsing of life that goes on, and the acting out of the rehearsed plan. This scripting can be cultural, subcultural, and familial. Before verbal language is acquired an infant picks up nonverbal messages. The way he is touched, ignored, or the tone of voice when spoken to, and the facial expressions he sees all significantly influence the psychological positions he takes and the role he plays. These messages are instructions that the child later feels compelled to follow.[25] In Steiner's view:

> a script results from a decision which is both premature and forced, because it is made under pressure and therefore long before a decision can be properly made.[26]

Many good scripts which have socially redeeming qualities are premature and forced decisions also, even though their outcome may seem

to be generally positive.[27] An acquaintance of the author seems to fit this category. Early in life he was sent to a military boarding school. Later he became a military careerist and "stuck out" his twenty years to retirement even though he suffered from ulcers and a mild heart attack during his last few years. He remained a slave to his script meanwhile suffering from a lack of autonomy and generally presenting an attitude that this was what he chose to do.

TA defines four life positions, "I'm O.K., you're O.K.," "I'm not O.K., you're O.K.," "I'm O.K., you're not O.K.," and "I'm not O.K., you're not O.K."

> The original position, "I'm O.K., you're O.K.," is rooted in the biological mutuality of mother and child which provides for the unconditional response to the child's needs.[28]

When this original mutuality is interrupted or the primary unconditional protection is withdrawn then the problem drinker begins to acquire a "I'm not O.K." or a "You're not O.K." position. This leads to formation of hamartic scripts.

THE ALCOHOLIC GAME

The games of Alcoholic are played from the position, "I'm no good and you're O.K. (ha, ha)."

> In all three games the Alcoholic puts himself in a position of being obviously disapproved of, allowing those who disapprove to appear virtuous and blameless when the situation, closely examined, shows that they are not only not virtuous and blameless, but foolish and full of blame. Thus, "I'm no good, you're O.K. (ha,ha)" really means "You're not O.K.," but stated in such a way that everyone concerned will be utterly confused.[29]

Drunk and Proud (DP) is a three-handed game, usually played with a wife who alternates between Persecutor and Patsy.[30] The aim in this

game is guilt-free expression of aggression through drunkenness, ending with the wife (mother, husband, etc.), angry and punitive, thus becoming the Persecutor, or, becoming the Patsy by forgiving the Alcoholic his misdeeds.

A therapist can avoid becoming

> . . . a Patsy in the game of D&P by waiting for the Alcoholic to protest his blamelessness, innocence, or sobriety, then say, "I think you're right, Mr. White, I believe you are blameless (or innocent, or sober). Perhaps we should discontinue treatment." If White accepts discontinuation, he is clearly playing a game. If he declines and wishes to continue, the therapist can ask what the purpose of treatment might be, thereby getting a treatment contract from Mr. White which will give him leverage in the future.[31]

Related games to D&P are "Cops and Robbers," "Do Me Something," "Wooden Leg," and "Schlemiel."[32]

The game of Lush is usually played by middle-aged persons in response to sexual deprivation, or, from a need for stroking. The patient usually progresses well for awhile as a result of the strokes he gets from the therapist. Just when he seems to be getting "well" there is a relapse in order to again receive strokes from the therapist. The Lush player gets strokes from anyone who will play Rescuer, Persecutor, or Patsy.

The antithesis to this game is therapy for both partners and a demand by the therapist that the patient stop drinking entirely. The therapist can avoid being a Rescuer by only making referrals to self-help groups or to competent psychotherapists. To keep from being a Patsy the therapist should be suspicious of verbal comments which contradict visible evidence, such as, "Just one drink and I'll quit," "I'll never touch another drop," etc. Other games related to "Lush," are "Kick Me," "Look How Hard I've Tried," "Psychiatry,"

"Overeating," "Overspending," and "Oversexed," all of which are manifestations of a lack of stroking satisfaction.[33]

The game of "Wino" is played by the Alcoholic (It), and his Connection. "It" makes himself physically ill so that others will be forced to take care of him. The Wino's payoff is confirmation of the position, "I'm O.K., you're not O.K." The racket of the Wino is "You get nothing till you are at death's door. . . ."[34] Until the "Wino" has living facilities, a job, and the will to be sober, there isn't much chance of successful rehabilitation. However, the records of Rescue Missions and agencies such as AA belie the idea that the derelict is without hope.

TRANSACTIONAL ANALYSIS THERAPEUTIC TECHNIQUES

Eric Berne lists eight types of therapeutic operations that form the techniques of TA. The first four are usually called interventions and the others are called interpositions.

1. INTERROGATION is simply an asking of questions in a way that helps the therapist to document points that promise to be clinically decisive (Did you actually steal the money?).[35] These questions are asked from the Adult of the therapist in a way so that the patient will respond from his Adult. However, the patient's Parent may respond with prejudices, dogmas, cliches, etc., or the patient's Child may answer the truth compliantly, or pleadingly, or may try to set up a game by answering approximately, tangentially, paradoxically, or falsely."[36]

2. SPECIFICATION is a declaration on the part of the therapist in order to categorize information. It may be nondirective or informative. "The object is to fix certain information in his mind and in the

patient's mind, so that it can be referred to later in more decisive therapeutic operations."[37]

3. CONFRONTATION is a use of information previously elicited and specified by the therapist in order to disconcert the patient's Parent, Child, or contaminated Adult by pointing out an inconsistency.[38] Confrontation should be used if the patient is playing "Stupid," being deceptive, or if he is actually incapable of realizing the inconsistency himself. Use of confrontation beginning with a Parental "But," or when it makes you feel smarter than the patient may mean that you have been outmaneuvered.

4. EXPLANATION is used to attempt to strengthen, to decontaminate the patient's Adult. ("So you see the Child in you was threatening to become active, and when that happens your Adult fades out and your Parent takes over, and that's when you shout at the children").[39] Explanation should be used at every opportunity when the patient has been properly prepared and his Adult is listening. If he is still "Butting" ("Yes, but . . ."), "Cornering" ("They're not children, they're teenagers"), or "Trapping" ("Ha! Yesterday you said . . ."), it is better to avoid explanation.

5. ILLUSTRATION "An illustration is an anecdote, simile, or comparison that follows a successful confrontation for the purpose of reinforcing the confrontation and softening its possible undesirable effects."[40] Ill-chosen or badly timed illustrations can arouse resentment in the Child because they hurt his feelings, or may cause depression in the Child because they threaten the protection he is getting from his Parent. Illustrations should be simple, and can sometimes be used to show that therapy can be fun as well as serious.

6. CONFIRMATION After the patient's Adult has been stabilized, the therapist omits new material to confirm the original confrontation. The patient's Child will mobilize in some way to regain some of his former inconsistency. An example:

> ("Before, you were saying 'Isn't It Awful?' about your stomach pains, but you wouldn't go see your doctor. Now you're saying 'Isn't It Awful' because your doctor put you on a diet, when you yourself were always going on diets. So I guess that confirms the impression that you always need to have an 'Isn't It Awful.'").[41]

The logic of confirmation has a strengthening effect of the patient's Adult. The patient's Parent may use it against his Child and the Child in turn feel resentful because of feeling trapped by the therapist. For the Child, it may be both entrancing (like a game of hide-and-seek) and reassuring because it demonstrates the therapist's strength and alertness, which inspire confidence.[42]

7. INTERPRETATION When the patient's Adult has become uncontaminated and is in the executive position, the therapist can then use interpretation to deal with the pathology of the Child ego state. During the decontamination of the Adult, the Parental grip on the Child may be loosened so that the Child can listen to new Parental figures with new viewpoints as well as to its own Adult. The Child, though, remains almost as confused as he was originally.

> The Child tries to ward them (interpretations) off because they threaten to deprive him not only of all sorts of gratifications, but also of the protection of his watchful Parent. . . .the Child must choose between offending the Parent and at the same time giving up the possibility of new gratifications.[43]

8. CRYSTALLIZATION is an Adult statement of the patient's position by the therapist to the Adult of the patient ("So now you are in a position so stop playing that game if you choose to").[44] The therapist brings the patient to a position of choosing himself, by an Adult

decision, to get better. The therapist is, of course, biased in favor of health and sanity, or, in the case of problem drinkers, health and sobriety, and he cannot hide this from the patient. If the therapist goes beyond mere professional advice, however, he becomes Parental, and the patient's "choice" is no longer an Adult choice, but an act of Child compliance or rebellion.[45] Crystallization can be used when not only the Adult, but also the Child, and the Parent are properly prepared.

SUMMARY

Transactional Analysis describes the structure of personality as consisting of three ego states, commonly called Parent, Adult, and Child. The Parent ego state contains examples and pronouncements of real parents or authority figures. The Adult ego state observes factual data and computes the results needed for effectively living in the world. It also mediates objectively between Parent and Child. The Child ego state consists of early internal responses to outside stimuli, and the "positions" he took about himself and others. Intuition, spontaneity, creativity, and joy reside in the Child.

Transactions are units of social intercourse implemented by a transactional stimulus from an ego state and executed by a transactional response from an ego state. Diagnosis of which ego state is operating is the concern of simple transactional analysis. Transactions can be complementary, crossed, or ulterior.

Procedures, rituals, and pastimes are ways which people structure time. Procedures and rituals are socially accepted stereotypes, such as greetings or religious worship. Pastimes are complementary transactions centered around a single subject.

Games differ from pastiming in that they have an ulterior quality

and a payoff. "Alcoholic" is a game, according to transactional analysts, therefore, a person can choose not to play.

Psychological scripts are cultural and familial plans or blueprints for a life course resulting from immature and forced decisions in early life. These scripts can be good or bad.

The Alcoholic Games are played from the "I'm Not O.K." and "You're O.K. (ha,ha)," life position. They are "Drunk and Proud," "Lush," and "Wino." The therapist can stop playing the game with the alcoholic by refusing to be Rescuer, Persecutor, or Patsy.

The therapeutic techniques of TA are:

1. Interrogation, a simple asking of questions in order to document clinically decisive points.

2. Specification, a declaration on the part of the therapist in order to categorize information.

3. Confrontation is a use of previously elicited information in order to point out inconsistency.

4. Explanation of a situation is used in order to strengthen, to decontaminate the patient's Adult.

5. Illustration is an anecdote, etc., used for the purpose of reinforcing a confrontation and softening its possible undesirable effects.

6. Confirmation is a use of new material in order to confirm the original confrontation.

7. Interpretation is used to deal with the Child ego state when the Adult ego state has become uncontaminated and is in the executive position.

8. Crystallization is an Adult statement of the patient's

position by the therapist in order to bring the patient to a position of choosing himself, by an Adult decision, to get better.

FOOTNOTES

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2. Harris, Thomas A., M.D. I'm OK - You're OK. New York, Harper and Row, 1967. (p. xiv).
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4. _____. Transactional Analysis and Psychotherapy. New York, Grove Press, Inc., 1961. (pp. 35, 36).
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6. Ibid. (p. 38).
7. James, Muriel and Dorothy Jongeward. Born To Win. Reading, Massachusetts, Addison Wesley Publishing Company, 1971.
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11. Berne, Games. (p. 29).
12. Ibid. (p. 27).
13. Ibid. (p. 25).
14. Ibid. (p. 26).
15. Ibid. (p. 29).
16. Ibid.
17. Ibid. (p. 30).
18. Ibid. (p. 31).
19. Ibid. (p. 33).
20. Ibid. (p. 35).
21. Ibid. (p. 37).

22. Ibid. (p. 48).

23. Steiner, Claude. Games Alcoholics Play. New York, Grove Press, 1971. (p. 71).

24. Ibid. (p. 82).

25. James. Born To Win. (p. 75).

26. Steiner. (p. 34).

27. Ibid. (p. 36).

28. Ibid.

29. Ibid. (p. 72).

30. A Patsy is a counselor or other person who is "conned" or fooled by an alcoholic. For a more comprehensive discussion of the term, see Steiner, pp. 134-136.

31. Steiner. (p. 74).

32. Berne. Games. (pp. 114-116, 132-137, 159-162).

33. Ibid. (pp. 78, 79).

34. Ibid. (pp. 81, 82).

35. Berne. Group Treatment. New York, Grove Press, Inc., 1966. (p. 233).

36. Ibid. (p. 234).

37. Ibid.

38. Ibid. (p. 235).

39. Ibid. (p. 236).

40. Ibid. (p. 237).

41. Ibid. (p. 240).

42. Ibid.

43. Ibid. (p. 243).

44. Ibid. (p. 245).

45. Ibid.

CHAPTER III

AN OVERVIEW OF GESTALT

GESTALT THEORY

In seeking a way to begin this section, the writer observed that the first sentence is an example of a Gestalt. Out of the need to write, the figure rose from the ground, then as it was written and as it is being read the individual words alternately became figure as they were perceived, then retreated back into the field or ground from which they came.

> Gestalt psychology originated as a theory of perception that included the interrelationships between the form of the object and the processes of the perceiver.[1]

Gestalt thinking emphasizes ". . . the perceiver as an active participant in his perceptions rather than a passive recipient of the qualities of form."[2] The illustration below is an example of the power of perception as active participation. It is the choice of the perceiver whether he sees a vase or two persons facing each other.

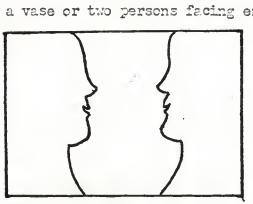

FIGURE 4 [3]

Gestalt theory maintains that change occurs when one becomes what he is, not when he tries to become what he is not.[4] One Gestaltist couched the concept in these terms, "Being is enough."[5]

Gestalt therapy holds that the world as experienced is organized by the individual according to a hierarchy of needs that emerge in the individual's awareness. It is phenomenological in that the theory maintains that every actual experience, thought, fantasy, dream, etc., constitutes what is the real world for that individual. It is behaviorist in that everything that happens happens now. If his real world experiences occur apart from the awareness of the individual, neuroses develop. ". . . Perls locates (as did Freud) the root of neurotic dysfunction in the conflict between basic organism self-regulation and the societal (normative) pressures acting on the individual."[6]

The disturbed person is not aware of his needs, his feelings, nor alternative possibilities in the environment. Instead, he spends much of his time concerned about what he should or shouldn't do, act, think, or feel. Perls calls this the "top-dog/under-dog game," or the "self-improvement game," or the "self-torture game."[7] The top-dog contains the shoulds, but the under-dog usually wins out over the top-dog by playing games such as, "Tomorrow," "I promise," "Yes, but . . .," and "I do my best," mutually frustrating and trying to control each other.[8] These games involve Parental injunctions out of the past influencing what the individual plans to be in the future. In contrast, Gestalt therapy is primarily interested in what is happening in the "now" as a means of personal growth, spontaneity, and freedom.

> To me nothing exists except the now. Now = experience = awareness = reality. The past is no more and the future not yet. Only the now exists.[9]

Perls indicates also that society promotes conflict and that our needs and the needs of society and the needs of nature do not fit anymore.[10] We spend our time avoiding, blocking out experiences, (repression) and, separating ourselves from our experiences, (projection) thereby endeavoring to maintain the status quo of continuing to be children, rather than becoming emotionally independent. The neurotic uses his potential not for self-support but to act out phony roles.[11]

Working through these neuroses is a five layer process according to Perls. First is the phony layer in which the top-dog/underdog controlling games are played. When these are set aside for open honesty, unpleasantness occurs, then the second layer, the phobic, comes into existence. Fear, afraid of being what we are, resistance, objections to being what we are, are an outgrowth of the "should nots" which occur in the second layer. The third layer is the impasse which occurs the moment we get behind the phobic layer. In this layer is a feeling of deadness, of nothingness. Of course, it is not being dead, but the fear and the feeling of being dead, of disappearing. The fourth layer is the implosive state where energy is invested in keeping tense. And if this energy is not invested in keeping yourself rigid, the energy is freed for all kinds of activities - thinking, moving about, being alive. The freed energy becomes the fifth layer, the explosion. There are explosions of four kinds, joy, grief, orgasm, and anger. Depending on the amount of energy invested the explosions can be mild or strong. These five layers are only an approximation

of the process to authenticity, but[12]

> . . . awareness of the now, is sufficient to solve all difficulties of this nature, that is, neurotic difficulties. If you are fully aware of the impasse, the impasse will collapse, and you will find yourself suddenly through it.[13]

GESTALT TECHNIQUES

The techniques utilized by the Gestalt therapist are centered around the principle of the now. Individuals tend to resist true immediate awareness, therefore, communications in the present tense are encouraged, such as, "What is your present awareness?" "What is happening now?" "What are you experiencing at this moment?"

Counselees are urged to speak directly to the other person. This is called the rule of I and thou. He is asked to be aware of the distinction between "talking to" and "talking at" the listener.[14]

"It" language and "I" language: This rule may seem to be semantical nitpicking, but in reality it deals with the semantics of responsibility and involvement. "It" is commonly used to refer to our bodies, our acts, and behaviors. Whenever possible, the counselor requests the patient to substitute "I" for "It;" ie: "I am shaky," rather than saying "My body ("It") is shaky." Another form is changing "can't" to "won't." When the patient says, "I can't do that," the therapist asks, "Will you say, I won't do that?" or "I don't want to do that."

> As the patient participates, he is far more likely to see himself as an active agent who does things rather than a passive creature to whom things somehow "happen."[15]

Use of the awareness continuum, the "how" of experience is a fundamental concept in Gestalt therapy techniques. It is simple, consisting of questions like, "What are you experiencing now?" "How

do you experience the (fear, sadness, anxiety)?"

> Awareness of body feelings and of sensations and perceptions constitutes our most certain - perhaps only certain - knowledge.[16]

The awareness continuum leads the patient to realization of the what and how of experiential behavior rather than the why of traditional interpretational psychoanalysis.

No gossiping is a rule which prohibits a patient from talking about someone who is actually present. This facilitates direct confrontation of feelings. For example, a statement: "Joe is always frowning at me," is met by the therapist saying, "Will you say this to Joe? You're gossiping."

Another technique is asking patients to change their questions into statements.

> Careful listening will often reveal that the questioner does not really need information, or that the question is not really necessary, or that it represents laziness and passivity on the part of the patient.[17]

There are other techniques utilized in Gestalt therapy, sometimes called "games" or "experiments." Three significant ones are: (1) Unfinished business; when unfinished business (unresolved feelings) is identified, the patient is asked to complete it. Perls contends that resentments are the most common and important kinds of unfinished business.[18] (2) "I take responsibility." This is a building upon the awareness continuum by asking the patient to add to his statement, ". . . and I take responsibility for it." Curiously enough, such a statement adds much to the original meaning for the patient. (3) "May I feed you a sentence?" When the therapist observes that a particular attitude is implied, he may say, "May I feed you a sentence? Say it and see how you feel." He proposes his sentence and the patient tests

his reaction to the sentence.[19] This is especially helpful when the patient appears to be at a closure or decision point. The patient, however, provides the material leading to the proposed sentence.

A variety of Gestalt-type techniques commonly used in sensitivity and awareness groups is described in an excellent work by William C. Schutz, Joy.[20] Some or all of these group activities can be utilized in Gestalt therapy.

In Berne's bestselling book, Games People Play,[21] situations are described which can be role-played for the effect of raising awareness of how patients play 'games'. This 'gaming' in TA closely parallels Perl's idea of a person staying at the 'phony' level of neuroses. Other sources which describe uses of Gestalt type techniques are: Gestalt Therapy Verbatim by Frederick S. Perls,[22] Gestalt Therapy Now, edited by John Fagan and Irma Lee Shepherd,[23] and The Art of Group Conversation by Rachel DuBois and Mew-Soong Li.[24]

The American society has tended toward instilling "toughness" in the human male by use of parental injunctions such as: "You're a big boy now, big boys don't cry!" and "You're too old to be a crybaby!" Because of this many persons hold in their emotions (when it is actually quite appropriate to cry) and thereby miss the benefit of the catharsis of weeping experience. At funerals this writer has heard comments like, "She's taking it well," or, "She's taking it hard," seemingly ignoring the fact that a grieving widow has a right to express deep genuine emotions brought on by a loss. In reference to funerals, Clinebell has written:

> Nothing should be said which suggests that stoicism in the face of grief is a Christian virtue or that one whose faith is genuine will not experience penetrating grief.[25]

Unresolved mourning or grief is a particular area in which the Gestalt therapy experiencing of one's feeling is helpful.

Problem drinkers in therapy groups at Napa State Hospital have been observed by the writer to comment quite frequently about the loss of a close friend or relative. During one particular discussion about death a young man was heard to say, "If something happened to my brother, I'd go get bombed." When asked, "What good would that do?" he replied, "I don't know, I just couldn't take it." Another man, when confronted about his behavior, said, "Well, what can I do? My brother died when I was little and then later on my mother died." He was staying at the impasse of his unresolved grief feelings, using them for an excuse to drink, and, in his case, also to act crazy at times.

The following experience is related as an example of how Gestalt therapy is helpful in dealing with 'unfinished business' related to grief or guilt. In the experience of the author, repression of grief reactions through the use of alcohol is fairly common upon the death of a loved one.

'An alcohol treatment workshop group had just met and were sitting quietly, looking around at each other. The group leader (GL) noticed one woman (W), an admitted problem drinker, looking sad and nervous.

GL: You seem to be upset about something today. Would you like to talk about it?

W: Alright.

GL: (Has her move to a chair near him).

W: I get very anxious sometimes, I was divorced about four months ago. Then my mother died two months ago. Before she died she was hospitalized several months. I wanted to

help her, but she wouldn't let me. She never would let me do anything for her. (starts crying)

GL: Group, let's help her. Does someone have something to say? Maybe we can give her some feedback.

(There is silence, she continues to cry softly).

(At this point the author (E) moves to the woman).

E: Do you have unfinished business with your mother?

W: Yes.

E: Will you imagine your mother is in this chair (pulls up empty chair to face W) and speak to her as if she is here? Tell her what you wanted to tell her before, but were unable to.

W: Mother, I wanted to help you, to talk to you, but you wouldn't let me. Why wouldn't you let me help you?

E: Will you be your mother and respond to that as you feel she would? (Motions for her to sit in the empty chair).

W: (As Mother). I was sick. I didn't understand that you were upset because I didn't allow you to help me or to talk to me.

E: (Motions to other chair).

W: (As W). You always shut me off. When you refused to see me in the hospital I thought you didn't love me! You've never let us do anything for you!

W: (As Mother). I didn't want you to see me with my face all swollen and ugly.

W: (As W). I didn't care!! I wanted to talk to you! (Crying).

(At this point, the GL took a plastic cup, drew crude eyes, mouth, and the word, Mother, on it, set it down in front of her (W) and said, "Here's Mother, what are you going to do with her?")

W: (Picks up cup, holds it close to her). Oh, Mother, I love you!

E: What is your feeling now?

W: Relief. That is what I really wanted to tell her, but I never had the chance.

E: Did you ever really tell your mother goodby?

W: No.

E: Will you put her in the chair again and this time tell her goodby?

W: Goodby, Mother, you're gone now and I have my own life to live.

E: Will you put that in the form of a decision? May I feed you a sentence? "I am capable of making responsible decisions and I will use this capability in the future."

W: (Repeats).

E: How does that feel?

W: I feel good.

E: Will you state your decision again, forcefully.

W: (Does).

E: What is your feeling now?

W: I feel very tired and relaxed.

By re-experiencing her grief, and experiencing talking to her mother through role-play, she gained some ability to understand and resolve the unfinished business.

> The experiencing and working through of painful feelings is an indispensable part of the healing! Blocked feelings= delayed or blocked healing.[26]

A similar viewpoint is that stated in Understanding Drug Use, by Marin and Cohen:

> When a person's senses are dulled, awareness depreciates, blocking the ability of the organism to understand and resolve the conflict. In periods of emotional turbulence it is usually better to live through one's feelings than to avoid them.[27]

It is the opinion of the writer that much of the avoidance of feelings by alcoholics may be resolved by bringing to the surface unfinished business related to the loss of a loved one. Unfinished business is not limited to grief or guilt only, but

> . . .connotes the steadily nagging underground feelings that are not available to the patient in his daily living as long as he avoids confronting and fully experiencing his pain, anxiety, mourning, rage, etc.[20]

SUMMARY

Gestalt theory maintains that an individual participates in life experiences through his power of perception and that his world is organized according to a hierarchy of needs that emerge in his awareness. When these needs occur apart from his awareness, neuroses develop and he plays a top-dog/under-dog game. He is caught between the shoulds of the top-dog and the procrastinating promises of the under-dog. Energy is spent endeavoring to maintain the status quo of being children rather than becoming emotionally independent.

Working through these neuroses is a five layer process; (1) the phony layer is where the top-dog/under-dog games are played. (2) the phobic layer occurs when open honesty reveals the fear of being what we really are. (3) Behind the phobic lies the impasse, a layer of deadness, with feelings and fears of nothingness. (4) The implosive layer is the state of using one's energy in keeping tense. (5) When the energy is freed thinking, moving about, being alive, it becomes the fifth layer, explosion.

Full awareness of the impasse will cause it to collapse into either a mild or strong explosion of joy, grief, orgasm, or anger.

The techniques of Gestalt therapy are centered around the principle of the now. "What are you experiencing now?" Rules are: (1) "I" and "Thou" - the patient asked to be aware of "talking to," rather than "at" a listener. (2) "It" language and "I" language - substituting "I" for "It," and changing "Can't" for "Won't." (3) The awareness continuum - this utilizes the principle of the now in a continuing

way through the use of "what" and "how" questions. (4) No gossiping - a patient is asked to always talk to rather than about another group member. (5) Changing questions into statements - often the patient doesn't need to ask the question, or is just being lazy or passive.

Three other significant experiments are (1) Unfinished business, (2) "I take responsibility, and (3) "May I feed you a sentence?"

Unfinished business such as unresolved resentments, guilt, and grief is significant in the treatment of problem drinkers. Repression of grief reactions through use of alcohol is fairly common. By experiencing and working through painful feelings, awareness results and healing is possible.

FOOTNOTES

1. Fagan, John, and Irma Lee Shepherd, eds. Gestalt Therapy Now. New York, Harper Colophon Books, 1970. (p. 5).

2. Ibid.

3. Perls, Frederick S., Ralph F. Hefferline and Paul Goodman. Gestalt Therapy. N. Y., Harper and Row, 1968. (p. 26).

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7. Perls. "Four Lectures." Gestalt Therapy Now. Fagan, John, and Irma Lee Shepherd, eds. New York, Harper Colophon Books, 1970. (p. 15).

8. Ibid. (p. 21).

9. Ibid. (p. 14).

10. Ibid. (p. 16).

11. Ibid. (p. 18).

12. This paragraph was freely paraphrased from "Four Lectures" in Gestalt Therapy Now. (pp. 21-26).

13. Ibid. (p. 26).

14. Levitsky, Abraham, and Frederick S. Perls. "The Rules and Games of Gestalt Therapy." Gestalt Therapy Now. Fagan and Shepherd. (p. 141).

15. Ibid. (p. 142).

16. Ibid. (p. 143).

17. Ibid.

13. Ibid. (p. 146).

19. Ibid. (p. 145).

20. Shutz, William. Joy. New York, Grove Press, 1967. (p. 148).

21. Berne, Eric. Games People Play. New York, Grove Press, 1964.

22. Perls, Frederick S., M.D., Ph.D. Gestalt Therapy Verbatim. Lafayette, California, Real People Press, 1969.

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24. DuBois, Rachel, and Mew-Soong Li. The Art of Group Conversation. Association Press, 1963.

25. Clinebell, Howard J. Understanding and Counseling the Alcoholic. Nashville, Abingdon Press, 1968. (p. 187).

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27. Marin, Peter, and Allan Y. Cohen. Understanding Drug Use. New York, Harper and Row, 1971. (p. 48).

28. Ibid.

CHAPTER IV

WAYS OF USING TAG THERAPY

INTRODUCTION

This chapter will attempt to tie Transactional Analysis and Gestalt therapy together in ways that will be therapeutic in early intervention of problem drinkers, one to one counseling, group counseling, and family involvement. The Gestalt techniques of raising the problem drinker's level of self-awareness will be combined with the understanding of Parent, Adult, and Child transactions as taught in TA.

EARLY INTERVENTION

One of the characteristic patterns of problem drinkers has been that of "hitting bottom" before they are motivated to seek help. Hitting bottom can be described as that point where the problem drinker has lost his capacity to control his drinking and has come to the realization that the way he drinks actually is a problem. The average age for hitting bottom is 40.7 years and the average for feeling a religious need is 35.7 years.[1] The solution appears to be in either raising the 'bottom' or getting through to him in a spiritual/religious way at an earlier point in his problem drinking habits.

A practical procedure for early intervention has been proposed by Richard B. Cheatham, Ph.D., Director of Studies, Berkeley Center for

Alcohol Studies. He says that if you have a good relationship with a man whose drinking appears to be a problem, you might say to him:

> "_____, you and I have known each other for many months. I have thought of our relationship as friendly and cordial and I believe that you have felt as I have. Now, I want to talk to you about a personal matter which concerns you. After I have mentioned the problem, I want you to feel perfectly free to tell me, if you want to, that the problem is none of my business and that you do not want to discuss the matter further. I will abide by your decision and do as you wish. On the other hand, if you do want to discuss the matter, I am here to listen and to do whatever seems best to you. _____, I am concerned about your drinking and I am interested in knowing how you see your drinking."[2]

This procedure incorporates TAG principles in that the approach comes from the Adult of the chaplain. It is factual and non-judgmental, yet uses Interrogation and Confrontation in an effective way. Gestalt is incorporated in that honest feelings are communicated in a way that is easily understood. The point of early intervention is to let the person know that you are aware of the situation and thus create in him an awareness of the reality of his drinking practice. This may be the first time anyone has ever approached him about his drinking.

Prior to practicing this kind of confrontation the writer was somewhat reluctant to approach persons about problem drinking out of fear of making them angry and thereby driving them away from a therapeutic relationship. This appears to be a "catastrophic fear" as expressed by Perls.[3] "Catastrophic fear," or "expectations" is described as the fear of what may happen if a person accepts whatever he really feels and is. Also, as the fear of what might happen if a person takes the risk of doing or saying what he wants to do or say. "Yes, but. . . " and "What if. . . ?" are games that are played at this phobic level of neurosis. The author came to the conclusion,

"So what if persons become angry at me for the rest of my life. The possibility of salvaging a life and a family is more important." The following are two different types of confrontation or intervention taken from the writer's experience. The first conversation includes T. and her husband G., both very heavy drinkers, ages 49 and 62, respectively. T. is an admitted alcoholic.

E: (author) T., I want to ask you something, if you don't want to discuss it, you can just say so and I'll drop it and not say anything more about it. I'm concerned about your drinking. How do you feel about the way you drink?

T: I know I shouldn't. I don't know why I started again. It seems that all of a sudden I'm started and I can't stop. I don't want to go on this way.

E: G., how do you feel about your drinking?

G: Oh, I don't drink that much. Anyway, I'm not an alcoholic. I may drink a little too much once in a great while but it's not that much of a problem.

T: As long as I attend AA I get along pretty well. It helps when I go to church, too. We really need to get back in church.

G: I'll go to AA with her, but I can't see saying I'm an alcoholic, because I'm not sure that I am one.

Two or three more visits later, the husband admitted, "I started out with social drinking, stopping off for a drink or two on the way home from work. Then after a few years, you're hooked."

The couple again started back to AA meetings and also attending church. They have intermittently had periods of drinking since then. They are both in poor health due to alcohol abuse and may even suffer premature death if their drinking is not completely stopped. Although complete success cannot be reported, the couple verbally expressed their appreciation for the interest and concern which was shown through an effort at intervention.

Another case involved an admitted alcoholic who was back to drinking heavily. Although drinking earlier that day, he was able to converse clearly and was lamenting the fact that his two sons had not served their time as good military soldiers and citizens and had turned to drugs.

M: My son, an addict!

E: M, he still has time to change if he has a good model to follow. Alcohol is a drug, you are dependent upon it, and that makes you an addict. If he sees you change, he may want to change.

M: I don't need you to come here and call me an addict!

E: You expect your boy to kick the drug habit, yet you can't or won't kick the booze habit.

M: Alright, I'll show you I can quit.

The man did quit, began attending a church and, as of this writing, has remained sober and is still on good terms with the author. Confronting intervention done out of genuine concern usually does not make enemies, at least it didn't in the two cases cited. The latter confrontation was of the 'hard' type rather than the softer type of intervention previously cited. The author 'played it by ear' and it did help produce the desired result.

Vincent Sullivan describes another way of early intervention in his book, How to Stop Problem Drinking.[4] In brief, the plan is a series of letters stating concern about the person's drinking practice, suggesting he call the number given. It is the number of the local AA chapter. The letter is signed, "Two Interested Friends," who are members of AA and work in the same place as the problem drinker and have noticed the effects of his excessive drinking. Letters are sent at six-week intervals until the problem drinker responds or has

received a total of four. Then a personal visit is made by the interested friends. Sullivan claims that the plan has been quite successful in industry.

Almost any ethical method of intervention is acceptable if it causes the person to be aware of the reality of his destructive drinking practice and causes him to be motivated to do something about changing his behavior.

ONE TO ONE COUNSELING

At the heart of any effective counseling process is a relationship characterized by warmth, genuineness, acceptance, caring, and trust. The counselor and the counselee, because they are unique individuals, begin what Clinebell calls a new creation when the relationship is established.[5] The uniqueness of each individual precludes the counselor being able to stereotype the person and merely 'pigeonhole him' as an alcoholic. The chaplain particularly is somewhat susceptible to this pitfall because of the heavy traffic in and out his office. The chaplain must utilize his resources, common sense, and intuition in his own way in dealing with each individual. The following suggestions are presented only as potential techniques and aids for utilization in counseling problem drinkers, and not as hard and fast rules to be slavishly or mechanically practiced.

As the relationship is being established, the chaplain should be alert to the possibility that the problem drinker may be seeking to use the chaplain as Patsy, a Rescuer, or a Persecutor. The Patsy forgives; in effect, condones the actions of the drinker, thereby giving up his power to interfere with the destructive behavior. A Rescuer

provides emotional and physical support; in effect, babies the problem drinker so that when he gets back on his feet, he is free to throw a drunken tantrum again. The Persecutor condemns or berates the victim who then can react in anger and feel justified in going on another binge because nobody understands or cares. The long established problem drinker is usually a good 'con man' and can rationalize 'good' reasons for his behavior however inappropriate or irresponsible it may seem. Up to now, drinking may be the only way he has learned to handle his frustrations. Archie Hood, M.D., has said that he believes that it takes approximately six months of sobriety following extended heavy drinking for an alcoholic to be free of his (as AA puts it) 'Stinkin' thinkin'.'[6] The problem drinker usually has been so accustomed to justifying, excusing, or alibiing his behavior that it takes some time for him to face reality and responsibility. Practicing or rehearsing use of the Adult is important in establishing guidelines for responsibility.

The chaplain should let the problem drinker know that he considers that the problem is primarily the responsibility of the problem drinker. The responsibility of ownership of the problem lies with the problem drinker. A good treatment of the problem of ownership is found in Gordon's book, Parent Effectiveness Training.[7]

A contract should then be established based upon what the problem drinker sees as the problem he wants to work on, and upon the ways the chaplain feels he can legitimately offer his help. This is essential in establishing mutually the limitations and the methods of the counselor and the counseling. In the military there is no fee charged, but for continuing counseling, valid consideration should be given by

the counselee. He must make an effort toward his own personal growth. Part of this effort can be in the form of 'homework,' performing certain tasks between counseling sessions. This is one way of maintaining a valid contract; and often is the only way the counselee can feel he is contributing to the effort.[8]

The recently sobered patient will need new ways of structuring the time that was formerly filled by drinking. The goal of TAG is gamefree responsible autonomy in living. The attainment of autonomy is manifested by the release or recovery of three capacities: awareness, spontaneity and intimacy.[9] Awareness is living in the here and now, seeing his environment and feeling his emotions realistically. Spontaneity is described by Berne as the option, the freedom to choose and express one's feelings from the assortment available (Parent feelings, Adult feelings, and Child feelings).[10] Intimacy consists of a perception that evokes affection, and a candidness that mobilizes positive feelings.[11]

A way of influencing toward autonomy is to begin with the problem drinker's feelings. Various Gestalt-sensitivity techniques can be utilized. Having the problem drinker close his eyes and describe what he is aware of feeling in his body is one way. Problem drinkers have been blocking out (repressing) their feelings with the use of alcohol. When awareness is evoked through Gestalt techniques, these 'new' feelings may produce greater anxiety than before, resulting in a greater desire to drink than previously. The therapist must then lead the patient to a resolution of these feelings. Allowing the counselee to describe and role-play each ego state as operative in the feelings will enable the individual to make an Adult decision regarding

the situation.

Through this and similar experiments the problem drinker can learn also to relax. For some, relaxation may be a new experience without the aid of alcohol. Trav Elliott and Virginia Mayo teach relaxation effectively, promoting ability to relax, and, to sleep, among some tense insomniac alcoholic patients at Napa State Hospital.[12]

Since this is considered a short-term model, and awareness is of utmost importance, each session should include an exercise in awareness. This can be a simple question, 'What are your present feelings?', 'What are you aware of at this moment?' After the description the chaplain can help the problem drinker to be more in touch with his feelings by asking him to be his feeling, (the anger, sadness, the person in a conflict, etc.) in a role-play situation.

The following example is an excerpt from a counseling session with a woman alcoholic, J., in a hospital:

C: (Counselor): Were you out on pass this weekend?

J: I went to visit the people I stayed with. It was upsetting.

C: Do you want to tell me about it?

J: I had stayed with Mr. K. and his sister. She went back to her husband so he was there alone. I just wanted to check on how they were getting along and get some things of mine. I respect him like a father. He's 60 or 65 years old, my father is 72. He tried to make a deal with me. He said he had helped me so he wanted me to do something for him, to have sex with him, but not say anything about it to anybody. I was upset. I was shocked. I left and called a friend of mine and he said I have to do what I think is right.

C: How did you handle the situation with Mr. K?

J: I went back and told him I could not do such a thing, that I had to live with myself tomorrow morning. He had whiskey there beside his chair.

C: Then what happened?

J: I left and stayed all night at a friend's house, she brought me here the next day. There was whiskey - all kinds of bottles in the kitchen. I really wanted to drink. I was upset and confused, but I didn't want to hurt myself again.

C: How do you feel now about the whole situation?

J: I'm still feeling upset and confused.

C: Would you be your feelings? Bring that scene right here. Mr. K. has just spoken to you. He is in the chair. Will you begin by saying, 'Mr. K., I feel.....'

J: Mr. K, I feel upset and confused. I cannot do this. I respect you like my father.

Later in the session she said that she felt better, and understood better Mr. K's attitude. His drinking had released his Child and he acted inappropriately. Her Adult was in control but her Parent was upset, condemning Mr. K, and her Child was confused as a result of wanting to please, yet at the same time disappointed in the behavior of the parent figure she identified with her father.

In connection with raising the awareness level of problem drinkers, the therapist should recognize that irresponsible or inadequate behavior has meaning and validity for the problem drinker. Glasser says, ". . . his behavior is his attempt to solve his particular variety of the basic problem of all psychiatric patients, the inability to fulfill his needs."[13] In discussions of the problem, an Adult question such as, What does that (drinking) do for you?, etc, can lead the problem drinker to recognize that irresponsible drinking does not adequately fill his needs. What can you do?, What do you want to do?, and What are you doing? are some Adult questions to consider in promoting awareness and Adult responsibility in the problem drinker.

In his work with a problem drinker the chaplain should:

1. Make clear to the problem drinker that he must stop drinking if the chaplain is expected to be of help to him.

2. Establish a mutually agreed therapeutic contract.

3. Be alert to the possibility of being 'conned' and stop games with an Adult interruption.

4. Keep the responsibility for the problem with the problem drinker.

5. Utilize Gestalt techniques to raise awareness and a sense of responsibility and to work through unresolved conflicts (unfinished business).

6. Teach TA (PAC) in such a way that the problem drinker can be aware of which ego state is operating at any given time, and can choose to use his Adult for problem solving.

A GROUP MODEL

Although individual counseling is quite helpful, group therapy is becoming more accepted and appears to be more successful with problem drinkers.

> With alcoholics these techniqes *sic* have proved particularly popular and now constitute perhaps one of the most extensively used treatment modalities. . . .
>
> Group psychological treatment has one advantage over individual therapy in that it is helpful to a number of patients simultaneously. . . . a group "can supply the warmth and cohesion of a sort of family solidarity with which the suffering individual can identify; . . . the group can sometimes prepare members for life by giving opportunities in the group itself to the oversimplified forms of social adaptation, such as love and friendly cooperation, which later can be directly carried over to other "real life situations. . . . There is a direct and fundamental personal fulfillment of being capable of directed love and support of other group members."[14]

AA is an example of a particularly effective form of group therapy. In group settings the individual learns to be honest with himself and others, and learns how to interact with other persons without the crutch of alcohol induced courage or tranquillity.

The model for counseling problem drinkers in groups is similar to the approach used by Perls. He worked with one individual at a time with the rest of the group usually participating primarily as observers at first. Time is given for feedback, questions, and group interaction following each working session, however. The suggestions made in the section on One to One counseling hold true for groups as well. TAG is basically One to One counseling in a group setting. Strangely enough, the observers, because they can identify with the one working, learn much and sometimes resolve inner conflicts without ever saying a word.

> While there is often a high degree of involvement on the part of the group participants, at times with considerable affect and self-insight as they watch one patient working with the therapist, this approach inevitably reduces time for potentially useful spontaneous group interaction.[15]

When the group leader allows time for group interaction and feedback, the useful spontaneity mentioned above can be achieved. One reason for beginning with experiential group exercises, then working with one individual, and later moving to full group participation is to prevent erroneous or premature deep interpretations by group members which may do more harm than good.

> Sometimes a deep interpretation prematurely offered. . . can frighten the patient and force him into a defensive position, even to the point of making it impossible for him to return to the group.[16]

Education of the group members can be done in a short time near

the end of the session in keeping with one of the aims of Glasser's Reality Therapy. Problem drinkers in many instances have not learned responsibility as children: therefore, they have a need to be taught responsibility later in life. The teaching of responsibility is the most important task of all higher animals, man most certainly included.[17]

Traditional psychoanalytic group leaders have been non-directive and non-judgmental, allowing the group process to take its course. The slower process is being put aside by some therapists in exchange for a different approach described by Blum and Blum:

> It is being recognized more and more that a different approach must be made to the alcoholic - one that resembles the methods employed in child psychoanalysis, where the therapist works closely with the schools, the parents, and plays a parent-surrogate role, expressing affection for the patient and assuming to some extent an educational function.[18]

After the group has become acquainted with the concepts of TA much can be done in teaching (rehearsing) Adult (responsible) behavior. The various games can be role-played, and their antithesis as well. Role-playing a game can be utilized as 'homework' from time to time with one or more of the group members writing a script for a game and presenting it to the group.

Group size is a practical consideration for every group leader. Groups which have too many members suffer from some not fully participating, and groups with too few sometimes suffer from apathy because participation may become forced out of a lack of a variety of interactions. A good rule to follow is too few rather than too many.

> The optimal size for a psychotherapy group was empirically set at ten by Trigant Burrow, the first dynamic group psychotherapist, in 1928. Nowadays most therapists seem to prefer eight, and some would rather reduce this to six.[19]

Eight to ten is a recommended number for group size. If for some reason one or more cannot be present, the ongoing cohesiveness and dynamic of the group is not interrupted to much extent. A smaller group of problem drinkers could possibly be affected emotionally if they felt the absence of a group member and worried whether he was drinking again.

Related to this is a suggestion that, as part of the initial contract, the patient agree to inform the group leader if for some reason he cannot attend. (Another bit of homework and teaching of responsibility.)

In proposing a group model for short-term counseling, a hypothetical sixteen session series is outlined (one two-hour session per week).

Session I

1. Getting Acquainted - 30 minutes.

   Giving of names - short personal history

   (Party-type 'break the ice' games are helpful)

2. Rules of the Group - 20 minutes.

   Confidentiality, honesty, speaking for self, sobriety, etc.

   (Rules may vary with the needs of the individual therapist).

3. Awareness Exercise - 20 minutes

   Expression of feelings - body awareness, etc.

4. Contracts - 40 minutes

   Expression of individual's goals, expectations from group.

5. Closure - 50 minutes

   Discussion or feedback as counselor-group leader deems appropriate.

Session II

1. Awareness exercise

2. Contracts - continue if needed

3. Group interaction

   By this time there probably will be questions, discussion, and an 'opening up' of problems which are significant to the individual. 'Do you want to work on that?' is then an appropriate question by the group leader.

4. Working session

   Time for an individual to work on his problem with the guidance of the group leader. The group leader uses Gestalt, 'Be the feeling', 'role-play', etc., to bring the individual to an Adult decision regarding his significant problem area.

5. Analysis and feedback

   Analysis of transactions. Diagramming them on chalkboard is helpful. The booklet, Introduce Yourself to TA,[20] may be presented at this time along with a short overview of TA by counselor. Counselor may wish to assign a few pages to be read as homework.

6. Closure

Sessions III through XV.

1. Awareness exercise

   (Another helpful book for use by group counselors is Born to Win: Transactional Analysis with Gestalt Experiments, by Muriel James and Dorothy Jongeward.-)

2. Working session

3. Analysis and feedback

   Role-playing the various transactions demonstrates how the Parent, Adult, and Child ego states operate. This also gives group members opportunities to rehearse new ways of transacting with the Adult in the executive position.

4. Discussion of goals, plans, and family should be encouraged, as well as plans for referrals to AA, references to rehabilitation programs on other posts or the possibility of joining other types of on going group activities on post.

Session XVI.

1. Awareness exercise

2. Structuring time

Group members usually grow in closeness to one another and the final parting session can be an uncomfortable one, unless the group leader plans carefully. Special consideration can be given to discussion of how this particular block of time will be structured by the counselee in the future, eliciting Adult decisions regarding it.

3. Resentments and appreciations

A time for expression of resentments and appreciation can be given. Usually, there are few resentments and many appreciations in final sessions.

This group model of sixteen sessions is offered only as a suggested guideline. Longthier groups may be conducted in accordance with the particular needs of the group leader and the group members. In the opinion of the author, a time limit prevents chronic dependence upon the group by a member as an alternative to autonomy in family and outside social interactions.

Another reason for short-term counseling is the frequent change of assignments in the military, necessitating doing what needs to be done, now.

If the group leader desires, he may begin a new group with the same members. In this fashion, work on a different problem or contract is possible for group members.

The chaplain can also consider leading a group of problem drinkers in spiritual-religious concepts. Although many persons tend to avoid talking 'religion and politics' the group leader can function well in this subject if he insures that each group member stays in his Adult during the session.

FAMILY INVOLVEMENT

When the drinking practice of a family member becomes a problem, the family feels the strain. Helping the family of a problem drinker is an important part of a military chaplain's ministry.

> Anyone who has not lived with an alcoholic can hardly appreciate the shame, loneliness, and despair that develops in such an atmosphere. Truly, as is often said, 'Alcoholism is a family disease.'[22]

The family response is to feel alienated, baffled, and stigmatized.[23] This is a crisis situation.

> It differs from the crisis of bereavement in that bereavement is a structured crisis, and alcoholism is an unstructured crisis to which there are no socially structured responses.[24]

Initially, helping the spouse to work through her fears, her frustrations, and possibly, her anger, guilt, and hostility creates an understanding of the psychodynamics of the situation. The chaplain can, by diagnosing actual situations, describe how the wife has been vacillating between the roles of Patsy, Rescuer, and Persecutor. He can facilitate toward appropriate Adult behavior which can result in a 'releasing' of the problem drinker. She should be led to realize that the way he drinks is his problem. The family should learn to avoid both punishing (Persecuting), protecting (being a Patsy), and pampering (Rescuing). Emotionally releasing the problem drinker is Adult behavior and is an act of concern rather than rejection.

> It is not until the wife realizes that as long as she protects him from the consequences of his behavior, he will have little incentive to accept help, that she may be willing to release him in this way.[25]

Playing the games of Patsy, Rescuer, Persecutor, or sometimes Connection are pitfalls which may, instead of decreasing drinking, actually encourage it. The spouse of a problem drinker can 'raise

the bottom' in many cases by simply 'letting go'.

A wife of one alcoholic would hand over money to her husband, and sometimes buy alcohol for him herself when he threatened to go out on the street and beg for money for a drink. This particular woman was alternating between Patsy and Rescuer and Connection protecting him from shame, she thought. However, it was her own fear of humiliation that prevented her from releasing him so that he could face up to the reality of his problem.*

After the more pressing needs of the spouse are resolved, the chaplain can utilize later sessions for educating in the area of problem drinking and facts about alcoholism. Understanding some of the dynamics of what alcohol does and what alcoholism is will help prepare the family 'to relate to the alcoholic in ways that may eventually contribute to his becoming open to help'.[26]

Supportive counseling by the chaplain can help the spouse also to cope with the practical problems of living. The families of problem drinkers often suffer a lack of sufficient finances to properly meet the needs of food and clothing. When the wife of a problem drinker turns to the chaplain for help, it is usually out of desperation, as was pointed out in Chapter I. A complete assessment of the situation should be done by the chaplain in cooperation with command when the wife requests it. The chaplain must not forget that he is a spiritual leader and that many whom he contacts can be helped from reading of the scriptures and through prayer when appropriate. The practice of prayer can be a strengthening and therapeutic act.

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*A case history of the author.

The chaplain can be of help to children of a problem drinker by relating to them in a warm and caring way. Too often, frightened children remain unrecognized, neglected, unloved, and at times abused in the family of a problem drinker. By drawing them out and showing interest in them, the chaplain can be instrumental in helping them to have the opportunity and the capacity to choose their own destiny.

Incorporated in many post-level Alcohol and Drug Abuse Programs are family, dependent, and teen group counseling activities. Some military installations have organized and staffed Family Counseling Centers. Referrals to these and other resources such as Al-Anon and Ala-Teen are valuable adjuncts to the chaplain's ministry to the families of problem drinkers.

> Fellow Al-Anon members give massive emotional support to the wife . . . participation will bring the wife out of her lonely, frightened shell and help her to a feeling-level acceptance of her husband's illness.[27]

SUMMARY

Effective counseling is warm, genuine, accepting, caring, and trusting. With problem drinkers the chaplain must be alert to the pitfall of being used as a Patsy, a Rescuer, or a Persecutor. The Patsy forgives and condones, the Rescuer babies, and the Persecutor condemns and berates. Usually a good con man, the problem drinker has difficulty in honestly facing reality. He must own his problem. A clear statement of what he desires (a contract) and what the chaplain expects should be mutually agreed upon. The chaplain can use Gestalt techniques to promote awareness of reality and teach the principles of TA in such a way that the patient can choose to use his Adult for problem solving.

Group counseling is becoming quite popular and is proving to be therapeutically effective. TAG is basically One to One counseling in a group setting. The model presented is; beginning the session with experiential group exercises, then working with one individual, afterwards allowing time for feedback and group interaction. Leading group members to accept responsibility for themselves is important, and, some education in this area may be helpful. Optimum size for the group is eight to ten persons. A twelve session series is suggested so that members may look forward to the ending of the group, realizing their need to become autonomous rather then group dependent. Spiritual-religious groups for problem drinkers can be effectively led by a chaplain if he insures that members utilize their Adult during sessions.

Problem drinking by one member affects the whole family and causes much strain. Other family members can become the Patsy, the Rescuer, the Persecutor, or at various times, all these roles in relation to the problem drinker. The spouse must emotionally 'release' the drinker and let him 'own' his problem and its consequences. The chaplain can help educate the spouse in the dynamics of problem drinking, and support her with counseling or referral in practical everyday problems of living. Reading of scripture, and prayer are often therapeutic acts which strengthen in times of stress. Children often suffer in the family of a problem drinker. In addition to personal counseling, the chaplain can refer family members to resources such as: (1) Alcohol and Drug Abuse Programs which provide family, dependent, and teen counseling activities, (2) Family Counseling Centers, (3) Al-Anon and Ala-Teen. Ala-Teen groups basically do the same thing for a youth in the family that Al-Anon does for the spouse of a problem drinker.

FOOTNOTES

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3. Private interview, San Pablo, California, 1972.

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5. Clinebell. (p. 214).

6. Private interview with Archie Hood, M.D., Director, Program 12, Napa State Hospital, Imola, California, August, 1972.

7. Gordon, Thomas. Parent Effectiveness Training. New York, Peter Wyden, Inc., 1970. (pp. 103-114).

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10. Ibid. (p. 180).

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15. Fagan, John and Irma Lee Shepherd, eds. Gestalt Therapy Now. New York, Harper Colophon Books, 1970. (pp. 226-227).

16. Blum and Blum. (p. 193).

17. Glasser. (p. 16).

18. Blum and Blum. (p. 194).

19. Berne, Eric, M.D. Transactional Analysis in Psychotherapy. New York, Grove Press, Inc., 1961. (p. 136).

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23. Ibid. (p. 270).

24. Ibid.

25. Ibid.

26. Ibid. (p. 277).

27. Ibid. (p. 284).

CONCLUSIONS

Alcohol abuse is now recognized as a serious problem in the United States military services. The unique environment of the military tends to encourage excessive use of alcoholic beverages. Military security, personal health, economy, and family life is jeopardized when excessive drinking results in a breakdown of personality and character behavior. The Department of Defense has established the Alcohol and Drug Abuse Prevention Program worldwide in order to prevent, treat, and rehabilitate alcohol and other drug abusers.

The military chaplain can make a special contribution in the rehabilitation of problem drinkers because of his religious-philosophical background, his right of privileged communications, and his position as a staff officer as well as minister.

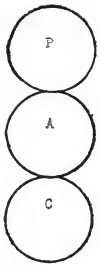
Transactional Analysis has provided a simple vocabulary and a simple, clear way of describing the personality and how it interacts with others.

Gestalt therapy has emphasized the centering of emotional experience awareness in the here and now.

Combining these two concepts and techniques together provides a powerful therapeutic tool in counseling problem drinkers. Problem drinkers can be helped to new awareness through Gestalt experiments. Gestalt promotes awareness of what is happening and TA promotes understanding of how it is happening and what kind of game he is playing.

Putting these concepts together in what the author has named TAG therapy has resulted in a powerful tool for counseling in all types of behavior problems. Participants become quite involved and excited because of its strong emphasis on what is happening now, and because of its easy comprehension. The rules are clear, concise, and easy to follow.

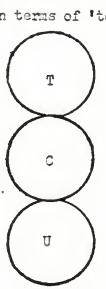
TA personality structure is illustrated with the diagram of Parent, Adult and Child ego states.



Parent
Adult
Child

FIGURE 5

Similarly, Perl's Gestalt personality structure can be described and illustrated in terms of 'top-dog', 'under-dog', and 'centering'.



Top-dog
Centering
Under-dog

FIGURE 6

To say that TA is primarily concerned with intra and interpersonal transactions, and Gestalt is concerned with being aware of the here and now experience is to use different terms to describe basically the same thing. These similarities strengthen the use of the concepts together.

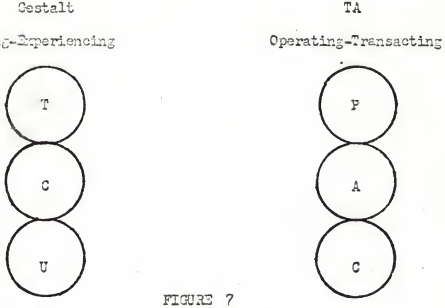


FIGURE 7

In combining the two concepts into what has been named TAG, a concept of Aware Transacting results. This then, is the ultimate goal of TAG short-term counseling, to bring the problem drinker to the position of Aware transacting. Awareness allows the person to know what he is experiencing, and knowledge of which ego state is operating gives the individual the opportunity to choose to be free from the phoniness and fear of unhealthy game-playing, to be, to be real, and to be sober.

This handbook has been developed in order to introduce military chaplains to the concepts of Transactional Analysis and Gestalt therapy in counseling problem drinkers. Interested readers are advised to consult the following sources for more comprehensive information:

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11. _____. Gestalt Therapy Verbatim. Lafayette, CA, Real People Press, 1969.

12. Pursglove, Paul David. Recognitions in Gestalt Therapy. New York, Harper and Row, 1968.

13. Schutz, William. Joy. New York, Grove Press, 1971.

14. Steiner, Claude. Games Alcoholics Play. New York, Grove Press Inc., 1971.

15. Woodruff, C. Roy. Alcoholism and Christian Experience. Philadelphia, The Westminster Press, 1968.

Workshops in TA and Gestalt are available at such institutes as: Lands End, Saranac Lake, New York; The Center for Creative Living and Spiritual Growth, Athens, Georgia; Gestalt Institute of Cleveland, 12921 Euclid Avenue, Cleveland, Ohio; Psychosynthesis Institute, 150 Doherty Way, Redwood City, California; and Esalen Institute, Big Sur, California.

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